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ASSIGNMENT OF BENEFITS

Patient Name: _____

Patient address: _____

Date of Loss: _____

Insurance Company _____

Name of Policyholder: _____

Policy Number: _____

Claim Number: _____

1. I, the undersigned, hereafter referred to as "the patient" do hereby assign all of my rights and interests to Restoration Orthopaedics, hereafter referred to as "medical provider" to pursue and obtain payment from the above-mention insurance carrier. This assignment shall include but is not limited to, all rights available to me pursuant to the **Personal Injury Protection Statues of the State of New Jersey**.
2. I, the patient, do hereby acknowledge that I have an obligation to comply with reasonable request made of me by the insurance carrier. I, the patient, do further agree to cooperate with the attorney selected by the medical provider.
3. I, the patient, do hereby understand and acknowledge that if I will fully refuse to comply with reasonable requests of the insurance carrier, payment of my medical bills may be denied and I will be held responsible for same.
4. I, the patient, authorized my bodily injury attorney and /or insurance carrier to pay directly to the medical provider any monies due on my account, or, the same to be deducted from any settlement made on my behalf.
5. I, the patient, do hereby acknowledge that I will not file suit and/or arbitration for the payment of the above provider's medicals bills. I understand that the above referenced medical provider has an attorney and will collect payment on my behalf from the insurance carrier.
6. The provider will comply with the decision point review request as required by the plan.
7. The provider shall submit disputes to personal injury protection dispute arbitration if the decision point review plan requires same.
8. In the event it is determined by an Arbitrator and /or Court of Law that the imposition of the co-payment penalty was as a result of the medical provider failure to pre-certify treatment of comply with other decision point review requirements the provider will hold the patient harmless for such co-payment penalty.

Signed _____

Date _____

Printed Name
